

**COLORADO DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
PURCHASE ORDER CHANGE ORDER AUTHORIZATION FORM**

Form is not complete unless accurate, all signatures obtained, and required documentation attached.

Requested by:	Work Unit:	Phone:
Dated Requested:	Date Needed:	Fax Number:
Requested Vendor:	Vendor FEIN:	Vendor Phone:
Vendor Address:		PO NO.:

**Reason for Item(s) or Service Change (Please be specific):**

Qty	Unit	Complete Description	Item #	Unit Price	Total
					\$
<b>TOTAL:</b>					\$

**Purchase Order Totals:**

<b>Current Purchase Order Amount:</b>	
<b>Increase/Decrease Amount:</b>	
<b>New Purchase Order Amount:</b>	

**Approvals:**

Authorized Signature:	Date:
Authorized Signature:	Date:
OSA Delegate (if required):	Date:

**Requestor Checklist** (Form will not be accepted by Accounting/Purchasing and Contracts without being completed, all signatures obtained, and required documentation attached.) **PLEASE CHECK ALL THAT APPLIES:**

Vendor Quote w/in 30 days: _____	Scope of Work Attached: _____	Product Picture attached: _____
Personal Services Cert: _____	Cost Analysis: _____	Business Case: _____

**PLEASE NOTE PROCESSING TIMES AND PLAN ACCORDINGLY**, Accounting: 5 BUSINESS days from receipt; Purchasing and Contracts: 5-7 BUSINESS days from receipt.

**COFRS Coding:**

LINE	FUND	AGCY	ORGN	APR	FUNC	OBJT	PRGM	GBL	RPCT	AMOUNT	% S/F

DMVA Accounting Approval \_\_\_\_\_ Date \_\_\_\_\_